•	<u> </u>		ريہ												
	PATENT APPLICATION FEE DETERMINATION RECOF									Application or Docket Number 10/020,524					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS								RATE		FEE	1	RATE	FEE		
FOR			NUMBER FILED		. NUMBER EXTRA			BASIC FEE		370.00	OR	Basic Fee	740.00		
TOTAL CHARGEABLE CLAIMS			27 minus 20=		•	7		X\$ 9=.			OR	X\$18=	126		
INDEPENDENT CLAIMS			6 minus 3 =		٠	3	\Box I		X42=		OR	X84=	252		
MULTIPLE DEPENDENT CLAIM P			RESENT				+140=		*		OR	+280=			
• #	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	-	TOTAL			OR	TOTAL	1118		
CLAIMS AS AMENDED - PART II 2-21-05 (Column 1) (Column 2) (Column 3)							·	OTHER THAN SMALL ENTITY							
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		PATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
OME	Total	· 27	Minus	** 0	27		╄	×53			OR	X\$18=			
MEN	Independent	• 7	Minus	(الم	- 1]	X	2	100	OR	X84=			
4	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT CLAIM			ļ	+140	=.	7.0	OR	+280≠				
6/02/06 (Column 1) (Column 2) (Column 3)							TO:	EE	100	OR	TOTAL ADDIT, FEE				
AMENDMENT B	UIUNU	COLUMN 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUL PREVI	MN 2) HEST MBER HOUSLY DROR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total	- 28	Minus	** C		=		X\$ 9	1[OR	X\$18=	50		
AME	Independent	• 7	Minus	***	7		4	X42:	3		OŘ	X84=			
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	ENDEN	CLAIM		j	+140	=		OR	+280=			
								TOT ADDIT, F			OR	TOTAL ADDIT, FEE	50		
		(Column 1)			ımn 2)	(Column 3	L				-				
ပ		CLAIMS REMAINING			HEST ABER	PRESENT		PATI		ADDI-		BATE	ADDI-		

AFTER AMENDMENT PREVIOUSLY PAID FOR AMENDMEN Total Minus Minus Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

FEE FEE X\$18= X\$ 9= OR X84= X42= OR +280= +140= OR TOTAL OR ADDIT. FEE

* if the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.*

**The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.*

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-879 (Rev. 6/01)